

United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

April 21, 2010

Via Electronic Transmission

Craig L. Gray
Medical Director
North Carolina Medical Assistance Division
State of North Carolina
2001 Mail Service Center
Raleigh, NC 27699

Dear Medical Director Gray:

In the United States, the federal and state governments spend roughly \$317 billion every year on the Medicaid program. As Ranking Member of the Senate Committee on Finance, I have an obligation to ensure that taxpayer dollars are appropriately spent on federal health care programs. Like the Medicare program, Medicaid suffers from systemic weaknesses that lead to fraud, waste, and abuse across the program, resulting in higher costs and less health care to those who are in need. The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our healthcare system. The purpose of this letter is to request information regarding certain outliers in North Carolina's Medicaid program and what steps North Carolina takes to monitor rates of utilization.

In recent inquiries, I have asked the U.S. Department of Health and Human Services about physicians prescribing mental health drugs at astonishingly high rates. In addition to these concerns, a recent CNN report detailed the increasing abuse of OxyContin, Roxicodone, and Xanax. Specifically, the report described the role some pain management clinics and physicians play in the black market for these drugs. I write today to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how North Carolina's rates compare to the national rates.

To that end, please provide charts that list of the top ten Medicaid prescribers of the following drugs for the years 2008 and 2009. For each prescriber, please provider his/her prescriber identifier, and the number of prescriptions written per drug per year, and the total amount billed to Medicaid per drug, separated for each year.

- Abilify;
- Geodon;
- Seroquel;
- Zyprexa;

- Risperdal;
- OxyContin;
- Roxicodone; and
- Xanax.

I thank you in advance for your cooperation and request that you provide the requested documents and written responses by no later than May 5, 2010. In your reply, please format information into a chart like the examples provided below. All formal correspondence should be sent electronically in PDF format to Brian_Downey@finance-rep.senate.gov or via facsimile to (202) 228-2131. Of course should you wish to discuss this matter further, please do not hesitate to contact Christopher Armstrong of my Committee staff at (202) 224-4515.

Sincerely,



Charles E. Grassley
Ranking Member

Attachment

Drug X, 2008

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

Drug X, 2009

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000



North Carolina Department of Health and Human Services
Division of Medical Assistance

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Beverly Eaves Perdue, Governor
Lanier M. Canster, Secretary

Craig L. Gray, MD, MBA, JD, Director

May 13, 2010

The Honorable Charles E. Grassley
Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Senator Grassley:

This letter is in response to your letter dated April 21, 2010 requesting charts that list the top ten Medicaid prescribers and utilization data for the selected drugs. The information you requested is attached with the exception of prescriber identification.

The prescriber identification was intentionally not included for several reasons. In the past efforts to identify high volume prescribers has led to the misleading conclusion that the volume of prescriptions and costs may not be always be an indicator of improper, abusive, or fraudulent prescribing. One factor that is not taken into consideration is the provider specialty, e.g. oncologists, pain specialists, and psychiatrists. Another factor that is not considered is the number of units dispensed per prescription. The top prescribers are ranked by number of prescriptions and when summarizing the reports, in some instances the cost was disproportionate to the number of prescriptions indicating the possibility that a small quantity of units may have been dispensed per prescription.

North Carolina Division of Medical Assistance (DMA) has several safeguards in existence and is in the process of implementing additional safeguards to address potential fraud, misuse, and abuse. Currently there are high dose and therapeutic duplication alerts in place at the pharmacy point-of-sale. The alerts require clinical input for payment of the claim. Early refills are not allowed for controlled substances. The Drug Utilization Review Board monitors the alerts on a quarterly basis. Additionally we have quantity limits on CII controlled substances and sedative hypnotics. Program Integrity also has an intense monitoring system to target physicians and patients who may be abusing the system. In addition, DMA is in the process of implementing a preferred drug list which will include quantity limits and prior authorizations as well as a Controlled Substances Lock-in program that will focus specifically on recipients who are potentially doctor shopping and receiving excessive number of prescriptions for controlled substances.



DMA also works closely with the Controlled Substances Reporting System (CSRS) that is operated by the N.C. Department of Health and Human Services. The CSRS is a statewide reporting system that allows the state to identify physicians and patients who abuse and misuse CII-V controlled substances.

Regarding antipsychotic utilization, a Mental Health Subcommittee of the Medicaid Pharmacy & Therapeutics committee is focusing on off-label prescribing of antipsychotics as well as addressing polypharmacy, dosages of antipsychotics which exceed FDA maximum dosages (or maximum dosage documented with evidence-based literature), usage of antipsychotics in children, and usage of antipsychotics for disease states not specified by the FDA (or evidence-based literature supporting its use). The Mental Health subcommittee also implemented an Antipsychotic Quality Initiative to ensure safe and appropriate usage of atypical antipsychotics, specifically in the Medicaid population.

It is with sincere hopes the information provided satisfies your request. Should you or your staff have any questions about the information, or would like additional information, please do not hesitate to contact my office.

Sincerely,



Craigian L. Gray, MD, MBA, JD
Director, Division of Medical Assistance

Enclosure

cc: Lanier Cansler



NORTH CAROLINA MEDICAID
UNITED STATES SENATE REQUESTED REPORT

Ability 2008		
Prescriber Identifier	Total Rxs	Total Payment
1	880	\$414,394.07
2	472	\$225,479.57
3	449	\$252,596.40
4	441	\$196,349.32
5	379	\$177,071.69
6	370	\$191,172.95
7	368	\$177,001.00
8	362	\$172,596.57
9	357	\$190,563.12
10	356	\$137,718.34

Ability 2009		
Prescriber Identifier	Total Rxs	Total Payment
1	595	\$248,961.31
2	575	\$243,819.36
3	542	\$251,919.95
4	525	\$278,993.87
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7	401	\$233,289.45
8	392	\$178,318.45
9	368	\$177,412.91
10	367	\$233,237.26

Geodon 2008		
Prescriber Identifier	Total Rxs	Total Payment
1	443	\$209,825.36
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3	194	\$77,695.57
4	189	\$50,706.88
5	162	\$79,967.90
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7	135	\$44,418.71
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9	122	\$47,498.00
10	122	\$52,657.03

NORTH CAROLINA MEDICAID
UNITED STATES SENATE REQUESTED REPORT

Seroquel 2008		
Prescriber Identifier	Total Rxs	Total Payment
1	1024	\$287,385.51
2	816	\$359,859.66
3	770	\$110,152.85
4	636	\$181,029.87
5	527	\$167,171.18
6	510	\$161,430.00
7	478	\$162,220.59
8	476	\$203,481.61
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3	622	\$132,291.00
4	560	\$205,994.44
5	553	\$175,265.86
6	445	\$83,111.45
7	422	\$133,984.28
8	406	\$167,404.66
9	372	\$201,247.23
10	351	\$108,583.21

Zyprexa 2008		
Prescriber Identifier	Total Rxs	Total Payment
1	310	\$219,649.00
2	291	\$188,967.08
3	233	\$104,580.73
4	224	\$146,046.66
5	191	\$109,586.13
6	171	\$110,531.56
7	169	\$100,968.05
8	157	\$84,702.52
9	156	\$110,072.93
10	152	\$99,199.05

Zyprexa 2009		
Prescriber Identifier	Total Rxs	Total Payment
1	214	\$147,126.31
2	203	\$67,163.67
3	198	\$130,360.08
4	183	\$65,634.69
5	168	\$102,198.09
6	158	\$63,826.42
7	151	\$112,686.50
8	150	\$124,487.92
9	134	\$105,718.80
10	129	\$111,548.63

NORTH CAROLINA MEDICAID
UNITED STATES SENATE REQUESTED REPORT

Oxycontin, oxycodone 2008		
Prescriber Identifier	Total Rx's	Total Payment
1	280	\$82,782.01
2	251	\$159,368.85
3	230	\$71,892.05
4	209	\$80,638.01
5	190	\$32,974.71
6	182	\$38,742.93
7	156	\$115,648.51
8	149	\$50,542.35
9	145	\$49,162.31
10	119	\$23,552.21

Oxycontin, oxycodone 2009		
Prescriber Identifier	Total Rx's	Total Payment
1	323	\$120,963.59
2	223	\$77,935.41
3	200	\$72,387.79
4	163	\$55,685.89
5	154	\$37,549.85
6	152	\$55,589.56
7	152	\$49,011.32
8	142	\$107,652.95
9	109	\$94,858.41
10	98	\$50,291.90

Risperdal, risperidone, Risperdal Consta 2008		
Prescriber Identifier	Total Rx's	Total Payment
1	824	\$248,361.60
2	738	\$281,861.01
3	702	\$200,188.27
4	629	\$222,458.89
5	588	\$201,756.76
6	547	\$151,238.58
7	461	\$81,604.43
8	447	\$115,170.55
9	427	\$105,864.61
10	419	\$150,022.40

Risperdal, risperidone, Risperdal Consta 2009		
Prescriber Identifier	Total Rx's	Total Payment
1	852	\$95,523.76
2	575	\$118,868.58
3	573	\$95,161.43
4	552	\$72,844.34
5	512	\$80,923.44
6	442	\$40,130.72
7	441	\$69,155.52
8	439	\$31,729.49
9	406	\$39,273.23
10	396	\$34,974.81

NORTH CAROLINA MEDICAID
UNITED STATES SENATE REQUESTED REPORT

Xanax, alprazolam 2008		
Rank	Total Rxs	Total Payment
1	1931	\$14,326.59
2	1736	\$7,800.54
3	1730	\$33,117.24
4	1594	\$17,593.18
5	1590	\$23,720.71
6	1561	\$22,189.93
7	1422	\$6,538.19
8	1332	\$10,841.62
9	1329	\$8,396.77
10	1298	\$34,581.27

Xanax, alprazolam 2009		
Rank	Total Rxs	Total Payment
1	2036	\$13,214.53
2	1531	\$9,659.22
3	1421	\$25,936.41
4	1215	\$5,395.68
5	1207	\$15,794.22
6	1179	\$14,607.42
7	1124	\$12,726.30
8	1070	\$42,686.37
9	895	\$5,842.26
10	881	\$11,535.09

Roxicodone, oxycodone 2008		
Rank	Total Rxs	Total Payment
1	1674	\$16,059.77
2	821	\$11,868.45
3	753	\$11,231.93
4	395	\$28,432.04
5	367	\$25,670.88
6	364	\$4,650.07
7	317	\$20,197.89
8	225	\$20,429.33
9	201	\$7,169.00
10	194	\$11,253.24

Roxicodone, oxycodone 2009		
Rank	Total Rxs	Total Payment
1	748	\$12,044.26
2	610	\$16,321.35
3	610	\$11,465.41
4	430	\$48,820.54
5	288	\$7,303.16
6	283	\$34,465.81
7	282	\$29,581.88
8	275	\$33,083.95
9	216	\$20,293.53
10	213	\$23,314.12

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United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6275

BRUCE A. COHEN, *Chief Counsel and Staff Director*
KOLAN L. DAVIS, *Republican Chief Counsel and Staff Director*

January 23, 2012

VIA ELECTRONIC TRANSMISSION

Craig L. Gray
Director
Division of Medical Assistance
1985 Umstead Drive
Raleigh, NC 27603

Dear Director Gray:

On May 13, 2010, your state provided my office with data regarding the top ten prescribers of several pain management and mental health drugs in your state. These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high. Mental health drugs continue to be prescribed at astounding rates and pain management clinics are turning into a hotbed for black market painkillers. When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.

After an extensive review of prescribing habits of the serial prescribers of pain and mental health drugs in North Carolina, I have concerns about the oversight and enforcement of Medicaid abuse in your state. While I am sensitive to the concerns of misinterpretation of the data you provided, the numbers themselves are quite shocking.

For example in 2009, the number one prescriber of Geodon wrote 251 scripts, while the second highest prescriber wrote 152. For Resperdal, the highest prescriber wrote 852 scripts and the second highest wrote 575. The highest prescriber for Xanax wrote 2036 scripts, which was 505 more than the second highest prescriber.

It is my intention to ensure that each of the states is adequately monitoring, investigating, and stopping fraud and over-prescription of these types of drugs. Therefore, please provide answers to the following questions:

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?
2. If there has been no action taken with respect to these prescribers, please explain why not.
3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.
4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.
5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?
6. Have any of the prescribers identified to this Committee been referred to your state medical board?
7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?
8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?
9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?
10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?
11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Thank you in advance for your cooperation and attention in this matter. When responding to this letter, please number your answers in accordance with my questions. I would appreciate a response by February 13, 2012. If you have any questions, please do not hesitate to contact Erika Smith of my staff at (202) 224-5225.

Sincerely,



Charles E. Grassley
Ranking Member
Committee on the Judiciary



North Carolina Department of Health and Human Services
Division of Medical Assistance

2501 Mail Service Center • Raleigh, N. C. 27699-2501 • Tel 919-855-4100 • Fax 919-733-6608

Beverly Eaves Perdue, Governor
Albert A. Delia, Acting Secretary

Craig L. Gray, MD, MBA, JD, Director

April 16, 2012

The Honorable Charles E. Grassley
Ranking Member
United States Senate
Committee on the Judiciary
Washington, DC 20510-6275

Dear Senator Grassley:

This letter is in response to your letter dated January 23, 2012. The answers to your questions are provided below. As with the previous utilization data provided in May 2010, the prescriber identification is not included in the updated utilization data for the top prescribers of the selected drugs you requested for 2010 and 2011.

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?

Our agency contacted the top prescribers of antipsychotic medications by letter in September 2010 by informing them of their status as a top ten prescriber of antipsychotics under the Medicaid program. Our agency requested that the prescriber review the use of antipsychotics in his/her practice. Following the educational intervention letter, another review of the prescribers' rankings indicated some change in prescribing patterns.

2. If there has been no action taken with respect to these prescribers, please explain why not.

The actions described under Question #1 were taken.

3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.

The providers identified to the Committee in May 2010 who remain eligible to bill the Medicaid Program have been provided with this information in a separate report labeled "Question #3 Response _2008_2009 Medicaid Enrolled Providers_NC".

4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.

The 2010 and 2011 numbers for the top ten prescribers for each drug requested has been provided with this information in a separate report labeled "Question #4 Response _Top Ten Prescribers_2010 & 2011_NC".



5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?

Yes.

6. Have any of the prescribers identified to this Committee been referred to your state medical board?

Yes. Information present on the North Carolina Medical Board's website and the North Carolina Nursing Board's website indicate that ten of the prescribers identified to the Committee in the 2010 and 2011 numbers have some type of referral; however, the prescribers currently enrolled as a provider in the Medicaid program appear to be in good standing with their boards.

7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?

North Carolina has a Controlled Substances Reporting System that was established in 2005 as described under Question #9 that collects information on controlled substances dispensed by pharmacies in North Carolina.

Specific to the North Carolina Medicaid program, a safety registry called A+KIDS (Antipsychotics – Keeping It Documented for Safety), was implemented in April 2011 that monitors the safe prescribing of antipsychotics to Medicaid and SCHIP children ages 0-17. North Carolina also implemented the ASAP (Adult Safety with Antipsychotic Prescribing) program in March 2012 that requires prior authorization for the off-label use of antipsychotics in patients over the age of 17.

North Carolina also has a recipient management lock in program which requires Medicaid recipients to be locked in to one pharmacy and one prescriber when they meet one of the following criteria:

1. *Six or more prescriptions for benzodiazepines and certain anxiolytics have been filled in two consecutive months*
2. *Six or more prescriptions for opiates have been filled in two consecutive months*
3. *Prescriptions for opiates and/or benzodiazepines and certain anxiolytics have been filled from more than three prescribers in two consecutive months.*

Our pharmacy program also alerts pharmacists of overprescribing through the prospective drug utilization review (ProDur) program which includes alerting on early refills and doses over the FDA recommended guidelines.

8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?

North Carolina clinical staff has attended the CMS-sponsored webinars related to the prescribing of antipsychotic medications. North Carolina is working with the CMS Education MIC on educational opportunities for prescribers of antipsychotics including site visits for 3 top prescribers of antipsychotic medications. In addition to these activities, members of our agency's clinical staff will attend the CMS-sponsored "Because Minds Matter: Collaboration to Strengthen Management of Psychotropic Medications for Children in Foster Care, a two-day working meeting for State child welfare, Medicaid and mental health teams.



9. Does your state maintain a database of all prescribed controlled substances? If so, what entities have access to it?

Yes, the North Carolina General Assembly passed the North Carolina Controlled Substances Reporting System Act in 2005 (NC General Statute 90-113.70). This state legislation allowed the establishment of a reporting system for prescription controlled substances in schedules II through V. The following individuals are authorized to get information from the system:

- *Special Agents of the North Carolina State Bureau of Investigation who are assigned to the Diversion & Environmental Crimes Unit.*
- *Practitioners and dispensers of controlled substances for the purpose of providing medical care for their patients.*
- *Assigned special agents of the primary monitoring authorities for other states.*
- *A court through a lawful court order in a criminal action.*
- *The Division of Medical Assistance (DMA).*
- *Certain licensing boards. Information submitted through this reporting system is privileged, confidential and not considered a public record. Information may only be released under certain circumstances and to people authorized to receive the information.*
- *Medical Examiners for the purpose of investigating the death of an individual.*

10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication or early refill? If not, why not?

Yes. North Carolina point-of-sale restrictions include a maximum monthly allowance of 34 days supply for each prescription reimbursed, days supply limits of 90 days for birth control medications and prepackaged hormone replacement therapies, and days supply limits of 90 days for generic, non-controlled maintenance medications. North Carolina has quantity limits on schedule II controlled substances, migraine medications and sedative hypnotics. North Carolina also requires prior authorization for twenty different drug classes including schedule II short-acting and long-acting controlled substances as well as non-preferred drugs on the Preferred Drug List.

11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?

None of the prescribers have been identified through the Drug Utilization Review (DUR) program review of retrospective reports.

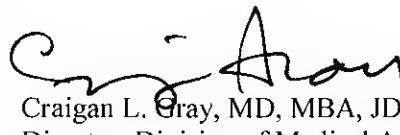
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Yes. Two programs previously mentioned incorporate educational information for prescribers to access. These programs are the A+KIDS (Antipsychotics – Keeping It Documented for Safety) and the ASAP (Adult Safety with Antipsychotic Prescribing) program.



I hope that the information provided satisfies your request. Should you or your staff have any questions about the information, or would like additional information, please do not hesitate to contact my office.

Sincerely,



Craigan L. Gray, MD, MBA, JD
Director, Division of Medical Assistance

Enclosures



NORTH CAROLINA MEDICAID
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Rank	Total Rxs	Total Payment
3	200	\$72,387.79
5	154	\$37,549.85
6	152	\$55,589.56
7	152	\$49,011.32
8	142	\$107,652.95

Risperdal, risperidone, Risperdal Consta 2008		
Rank	Total Rxs	Total Payment
1	824	\$248,361.60
2	738	\$281,861.01
3	702	\$200,188.27
4	629	\$222,458.89
5	588	\$201,756.76
6	547	\$151,238.58
7	461	\$81,604.43
9	427	\$105,864.61
10	419	\$150,022.40

Risperdal, risperidone, Risperdal Consta 2009		
Rank	Total Rxs	Total Payment
1	852	\$95,523.76
2	575	\$118,868.58
3	573	\$95,161.43
4	552	\$72,844.34
7	441	\$69,155.52
8	439	\$31,729.49
9	406	\$39,273.23
10	396	\$34,974.81

Xanax, alprazolam 2008		
Rank	Total Rxs	Total Payment
1	1931	\$14,326.59
4	1594	\$17,593.18
6	1561	\$22,189.93
7	1422	\$6,538.19
10	1298	\$34,581.27

Xanax, alprazolam 2009

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Rank	Total Rx's	Total Payment
1	2036	\$13,214.53
2	1531	\$9,659.22
3	1421	\$25,936.41
4	1215	\$5,395.68
6	1179	\$14,607.42
7	1124	\$12,726.30
8	1070	\$42,686.37
9	895	\$5,842.26

Roxicodone, oxycodone 2008		
Rank	Total Rx's	Total Payment
1	1674	\$16,059.77
2	821	\$11,868.45
4	395	\$28,432.04
6	364	\$4,650.07

Roxicodone, oxycodone 2009		
Rank	Total Rx's	Total Payment
1	748	\$12,044.26
3	610	\$11,465.41
5	288	\$7,303.16
8	275	\$33,083.95
10	213	\$23,314.12

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Abilify 2010		
Prescriber Identifier	Total Rxs	Total Payment
1	929	\$446,672.01
2	798	\$391,677.21
3	596	\$386,296.44
4	543	\$284,038.46
5	489	\$282,832.06
6	455	\$302,461.02
7	449	\$336,812.89
8	406	\$188,153.21
9	394	\$232,236.27
10	392	\$160,860.10

Abilify 2011		
Prescriber Identifier	Total Rxs	Total Payment
1	822	\$473,111.40
2	781	\$436,529.92
3	620	\$412,092.95
4	611	\$378,914.55
5	552	\$878,557.29
6	517	\$415,218.62
7	514	\$302,068.88
8	469	\$331,686.61
9	469	\$319,313.07
10	438	\$277,146.08

Geodon 2010		
Prescriber Identifier	Total Rxs	Total Payment
1	425	\$223,814.73
2	242	\$137,478.60
3	169	\$69,935.03
4	164	\$92,381.69
5	148	\$58,726.95
6	142	\$59,197.40
7	140	\$65,941.07
8	135	\$51,633.10
9	134	\$62,841.00
10	126	\$43,880.06

Geodon 2011		
Prescriber Identifier	Total Rxs	Total Payment
1	250	\$146,442.99
2	165	\$62,570.60
3	164	\$63,852.90
4	155	\$103,910.37
5	151	\$52,095.32
6	143	\$90,104.77
7	133	\$61,740.54
8	118	\$59,320.06
9	111	\$43,043.17
10	110	\$55,032.74

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Seroquel 2010		
Prescriber Identifier	Total Rxs	Total Payment
1	723	\$346,651.95
2	706	\$138,744.08
3	486	\$182,878.73
4	464	\$160,398.84
5	438	\$57,872.23
6	426	\$137,308.54
7	403	\$71,515.91
8	398	\$109,280.15
9	389	\$167,392.62
10	365	\$65,821.67

Seroquel 2011		
Prescriber Identifier	Total Rxs	Total Payment
1	700	\$373,811.08
2	496	\$115,414.68
3	456	\$220,527.59
4	370	\$180,846.36
5	348	\$130,289.33
6	333	\$108,529.23
7	329	\$140,474.87
8	327	\$165,763.77
9	324	\$60,198.86
10	321	\$164,205.81

Zyprexa 2010		
Prescriber Identifier	Total Rxs	Total Payment
1	265	\$115,269.48
2	215	\$137,811.06
3	207	\$119,044.78
4	203	\$163,978.75
5	194	\$164,482.27
6	181	\$118,908.60
7	167	\$133,252.95
8	162	\$34,546.50
9	156	\$141,202.64
10	152	\$124,613.58

Zyprexa 2011		
Prescriber Identifier	Total Rxs	Total Payment
1	457	\$287,029.33
2	266	\$218,409.34
3	214	\$220,038.00
4	208	\$220,234.28
5	183	\$155,679.09
6	175	\$157,991.91
7	172	\$126,913.30
8	158	\$91,902.89

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9	145	\$90,637.73
10	139	\$120,065.31

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Oxycontin, oxycodone 2010		
Prescriber Identifier	Total Rxs	Total Payment
1	498	\$217,436.57
2	322	\$111,915.74
3	248	\$93,188.88
4	229	\$91,741.82
5	111	\$56,104.30
6	111	\$50,956.86
7	109	\$75,499.03
8	95	\$37,201.43
9	88	\$52,195.45
10	77	\$31,388.18

Oxycontin, oxycodone 2011		
Prescriber Identifier	Total Rxs	Total Payment
1	127	\$64,091.54
2	116	\$73,440.57
3	109	\$52,430.11
4	104	\$52,233.51
5	95	\$48,440.58
6	90	\$54,039.48
7	90	\$41,360.45
8	74	\$54,693.22
9	72	\$50,300.70
10	69	\$34,884.57

Risperdal, risperidone, Risperdal Consta 2010		
Prescriber Identifier	Total Rxs	Total Payment
1	900	\$57,540.19
2	681	\$70,337.51
3	585	\$64,609.62
4	585	\$38,108.99
5	557	\$40,896.29
6	554	\$17,944.52
7	479	\$72,559.58
8	459	\$24,097.14
9	450	\$24,486.61
10	449	\$10,901.40

Risperdal, risperidone, Risperdal Consta 2011		
Prescriber Identifier	Total Rxs	Total Payment
1	646	\$83,122.18
2	578	\$15,150.22
3	577	\$65,162.86
4	563	\$38,402.62
5	548	\$29,334.41
6	537	\$32,771.62
7	491	\$9,821.91
8	463	\$8,614.85

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9	457	\$36,669.78
10	443	\$16,576.13

Xanax, alprazolam 2010		
Rank	Total Rxs	Total Payment
1	2629	\$54,655.96
2	2478	\$32,417.97
3	2000	\$14,889.63
4	1640	\$11,875.29
6	1147	\$44,060.75
7	1098	\$21,770.97
8	1098	\$11,309.23
9	1009	\$13,355.95
10	978	\$7,396.51

Xanax, alprazolam 2011		
Rank	Total Rxs	Total Payment
1	2440	\$15,960.64
2	2151	\$13,201.35
3	2064	\$41,059.63
4	1556	\$18,780.04
5	1522	\$23,397.00
6	1403	\$16,217.13
7	1403	\$23,231.87
8	1382	\$6,770.60
9	1320	\$10,046.21
10	1282	\$42,424.01

Roxicodone, oxycodone 2010		
Rank	Total Rxs	Total Payment
1	806	\$13,353.08
2	575	\$43,855.71
3	519	\$9,130.70
4	518	\$11,738.63
5	377	\$25,539.69
6	355	\$28,679.53
7	330	\$18,856.61
8	330	\$18,289.19
9	289	\$6,108.88
10	265	\$23,110.66

Roxicodone, oxycodone 2011		
Rank	Total Rxs	Total Payment
1	594	\$6,835.25
2	539	\$27,883.44
3	521	\$40,344.94
4	448	\$22,805.77
5	445	\$24,356.56
6	396	\$32,110.08
7	384	\$20,254.84

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8	364	\$21,727.18
9	363	\$25,782.67
10	355	\$23,109.10